

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT INFORMATION FORM  
PAGE \_\_\_\_\_ OF \_\_\_\_\_

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Chief Executive Officer: \_\_\_\_\_  
Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Federal I.D. #: \_\_\_\_\_  
Charities Registration #: \_\_\_\_\_  
Non-Profit: \_\_\_\_\_ For-Profit Agency \_\_\_\_\_ Public Agency \_\_\_\_\_  
Budget Period: \_\_\_\_\_ to \_\_\_\_\_ Agency Fiscal Year End: \_\_\_\_\_  
Schedules Completed: 1 2 3 4 5 6  
Cash Basis \_\_\_\_\_ or Accrual Basis \_\_\_\_\_

Contracting Division	Contract #	Column # and Program Name	Reimbursable Ceiling	Type of Service	Contract Type	Payment Method	Division Contact Person	Provider Agency Contact Person & Telephone #

## Division Use Only

Contract # \_\_\_\_\_  
Effective Dates \_\_\_\_\_ to \_\_\_\_\_  
Division \_\_\_\_\_

Budget: I certify that the cost data used to prepare this contract budget is current, complete, and in accordance with the governing principles for determining costs.

Expenditure Report: I certify that the expenditures reported herein are current, accurate, and in accordance with the contract budget and the governing principles for determining costs.

\_\_\_\_\_  
Agency Authorized Signatory

\_\_\_\_\_  
Fiscal Officer